

SENATE JOINT RESOLUTION 541

By Crowe

A RESOLUTION to support access to patient-centered and family-focused palliative care in Tennessee.

WHEREAS, throughout history, the Tennessee General Assembly has seen fit to address the prevalence of cancer and other life-threatening diseases; and

WHEREAS, a prime example being passage in 1949 of appropriated funds to establish the Tennessee Cancer Control Program to focus on the early detection of cancer, rather than palliative or terminal care; and

WHEREAS, state law established in 1983 the Tennessee Cancer Registry administered by the Department of Health in response to the need to categorize cancer as a reportable condition; the registry strives to collect comprehensive, timely, and accurate information on all Tennessee residents diagnosed with and treated for cancer; and

WHEREAS, this information includes incidence, stage at diagnosis, first course of treatment, and vital status; it serves as a valuable tool in the evaluation of progress toward cancer prevention and control; and

WHEREAS, in 2000, the Tennessee Department of Health established the Tennessee Comprehensive Cancer Coalition, in collaboration with the Centers for Disease Control and Prevention, which identifies the National Comprehensive Cancer Control Program as one that develops and provides an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation; and

WHEREAS, another milestone occurred in 2007, when the Tennessee General Assembly passed legislation to authorize hospice facilities to provide palliative care to non-hospice patients; and

WHEREAS, “serious illness” means any medical illness or physical injury or condition, including, but not limited to cancer, heart, renal or liver function, lung disease, and Alzheimer’s disease and related dementias, that substantially impacts quality of life for more than a brief period of time; and

WHEREAS, palliative care takes the philosophy and approach to care perfected in hospice; care coordination, patient and family focus, and an emphasis on quality of life and reduction of suffering, and applies it farther upstream in the course of serious illness, so that those who do not yet have a time-limited or terminal prognosis may benefit; and

WHEREAS, palliative care administered throughout the continuum of illness involves addressing physical, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice; and

WHEREAS, all patients who are experiencing complex, chronic health issues that are affecting their quality of life should be offered palliative care as an option; and

WHEREAS, when palliative care programs are provided, a large percentage of hospice patients will be identified earlier in their eligibility window and will potentially have an extended time frame to take advantage of these valuable services; and

WHEREAS, children are particularly vulnerable; with 50,000 child deaths and another 500,000 in the United States coping with serious illness on an annual basis, pediatric palliative care is essential for children and families; and

WHEREAS, the United States healthcare system faces an increased burden with spikes in the senior citizen population coupled with increases in persons with complex chronic conditions and more people gaining access to healthcare through insurance coverage for the first time; and

WHEREAS, employers and their employees are increasingly facing new caregiving roles for loved ones with serious illness; and

WHEREAS, a population trained about the benefits of palliative care boosts our medical and social workforce; now, therefore,

BE IT RESOLVED BY THE SENATE OF THE ONE HUNDRED EIGHTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, THE HOUSE OF REPRESENTATIVES CONCURRING, that this body hereby recognizes the importance of coordinated palliative care, both as a patient quality of life issue and as a way to more effectively spend limited healthcare dollars, and encourages health professionals, patients, public and private payers, and state health officials, including, but not limited to, members of the Tennessee General Assembly, the Tennessee Department of Health and the Tennessee Cancer Coalition, to convene for discussions to develop solutions, tools, and model best practices for providing better patient-centered care to individuals with chronic disease in Tennessee.

BE IT FURTHER RESOLVED, that an appropriate copy of this resolution be prepared for presentation with this final clause omitted from such copy.